



TOWN OF TIVERTON, RHODE ISLAND
WASTEWATER MANAGEMENT COMMISSION
343 Highland Road, Tiverton RI 02878
Phone: (401) 625-6701 Fax: (401) 625-6783
TIVERTON/FALL RIVER PERMIT APPLICATION
SEWER EXTENSION OR CONNECTION

1. Name and Address of applicant: _____

1a. CONNECTION ADDRESS: _____

2. Telephone Number: _____

PROJECT INFORMATION

3. Type of Project () CONNECTION () EXTENTION () BOTH
4. Number of residences to be served: _____
 (if commercial connectin - goto # 8)
5. Number of bedrooms _____ 6. Estimated Flow _____ gpd
 (____ # of bedrooms x 110 gallons per day)
7. CONNECTION FEE : **(Estimated Flow X \$5.00) =** _____
8. Type of Commercial or Industrial establishment _____
 ** 8a. SQUARE FOOTAGE OF BLDG. _____ # SEATS IN RESTAURANT _____
9. Estimated Design Flow _____ GPD
10. CONNECTION FEE : **(Estimated Flow X \$5.00) =** _____

11. Water Source () CITY WATER () WELL () METERED
 11a. WATER SUPPLIER & ACCOUNT # _____
12. PLAN & PROFILE ATTACHED () YES () NO
13. SKETCH ATTACHED () YES () NO
14. FALL RIVER Street opening permit required () YES () NO
15. TIVERTON DPW Street opening permit req. () YES () NO
16. Domestic Waste () YES () NO
17. Industrial Waste () YES () NO

17. DEP 314 CMR () YES () NO
18. PROPOSED DRAIN LAYER: _____
19. RI DRAIN LAYERS LICENSE NUMBER _____
20. FALL RIVER DRAIN LAYER LISTED _____

21. APPLICANT'S SIGNATURE _____
 (PLEASE PRINT YOUR NAME) _____

DATE: _____ () CONNECTION CHECK NUMBER: _____

APPROVED BY:
TIVERTON WWMC _____ DATE: _____
FALL REIVER SEWER COMMISSION _____ DATE: _____
FALL RIVER DPW ENGINEERING _____ DATE: _____